

Pole No. _____		Telco Pole No. _____	
Street Location _____		Name of Attacher _____	
City/Boro/Township _____		Date _____	
Attachment Type: Cable <input type="checkbox"/> Cabinet <input type="checkbox"/> Cabinet Size [w-d-h] _____		Vertical Clearance [Bottom Cabinet to Ground] _____	
Pole Size _____	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Height of Lowest Point of Street Light Bracket _____	Primary <input type="checkbox"/> Yes	Secondary <input type="checkbox"/> Yes
	Height of Lowest Point of Street Light Drip Loop _____		
<input type="checkbox"/> Guying will be required for angle, corner or tap pole construction			<input type="checkbox"/> Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest ☐ **Neutral** ☐ **or Secondary** ☐ (Check One)

Pole Side* (Check One)

Lowest ☐ **Neutral** ☐ **or Secondary** ☐ (Check One)

Attach. Ht. _____

Mid-Span Ht. _____

Front ☐/Back ☐

Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)

Ht. of Lowest Service or Secondary Drip Loop _____

Proposed Attach Ht. _____

Mid-Span Ht. _____

Mid-Span Ht. _____

Front ☐/Back ☐

Mid-Span Ht. _____

Front ☐/Back ☐

Mid-Span Ht. _____

Front ☐/Back ☐

Mid-Span Ht. _____

Front ☐/Back ☐

Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF ____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF ____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In. Lower: _____ Cable _____ In.
 Neutral/Secondary _____ In. _____ Cable _____ In.
 Transformer/Device _____ In. _____ Cable _____ In.
 _____ Cable _____ In. _____ Other _____ In.
 _____ (Other) _____ In. _____ Other _____ In.

COMMENTS: _____

MAW001775

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001776

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>		_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001777

Pole No. _____		Telco Pole No. _____	
Street Location _____		Name of Attacher _____	
City/Boro/Township _____		Date _____	
Attachment Type: Cable <input type="checkbox"/> Cabinet <input type="checkbox"/> Cabinet Size [w-d-h] _____		Vertical Clearance [Bottom Cabinet to Ground] _____	
Pole Size _____	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Height of Lowest Point of Street Light Bracket _____	Primary <input type="checkbox"/> Yes	Secondary <input type="checkbox"/> Yes
	Height of Lowest Point of Street Light Drip Loop _____		
<input type="checkbox"/> Guying will be required for angle, corner or tap pole construction			<input type="checkbox"/> Guying is not required

Lowest Neutral ☐ or Secondary ☐ (Check One) Pole Side* Lowest Neutral ☐ or Secondary ☐ (Check One)

The diagram illustrates a vertical riser system with multiple service loops. Key components and labels include:

- (Check One)**: A label at the top of the riser.
- Attach. Ht.**: Labels for the attachment heights of each service loop, with arrows pointing to the corresponding connection points on the riser.
- Ht. of Lowest Service or Secondary Drip Loop**: A label with an arrow pointing to the lowest drip loop on the riser.
- Proposed Attach Ht.**: A label with an arrow pointing to a proposed attachment point on the riser.
- Mid-Span Ht.**: Labels for the mid-span heights of each service loop, with arrows pointing to the mid-span of each loop.
- Front ☐/Back ☐**: Labels for the front and back of each service loop.
- Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)**: A label with an arrow pointing to the top of the conduit riser.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
RAILROAD ☐ - PA TURNPIKE ☐

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
RAILROAD ☐ - PA TURNPIKE ☐

Raise: St. Lt. Brkt. _____ In. Lower: _____ Cable _____ In.
 Neutral/Secondary _____ In. _____ Cable _____ In.
 Transformer/Device _____ In. _____ Cable _____ In.
 _____ Cable _____ In. _____ Other _____ In.
 _____ (Other) _____ In. _____ Other _____ In.

COMMENTS: _____

MAW001778

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001779

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____		Telco Pole No. _____	
Street Location _____		Name of Attacher _____	
City/Boro/Township _____		Date _____	
Attachment Type: Cable <input type="checkbox"/> Cabinet <input type="checkbox"/> Cabinet Size [w-d-h] _____		Vertical Clearance [Bottom Cabinet to Ground] _____	
Pole Size _____	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Height of Lowest Point of Street Light Bracket _____	Primary <input type="checkbox"/> Yes	Secondary <input type="checkbox"/> Yes
	Height of Lowest Point of Street Light Drip Loop _____		
<input type="checkbox"/> Guying will be required for angle, corner or tap pole construction		<input type="checkbox"/> Guying is not required	

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____	Attach. Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Ht. of Lowest Service or Secondary Drip Loop _____	
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)	Proposed Attach Ht. _____	
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>		

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001780

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	Mid-Span Ht. _____
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001781

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001782

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001783

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

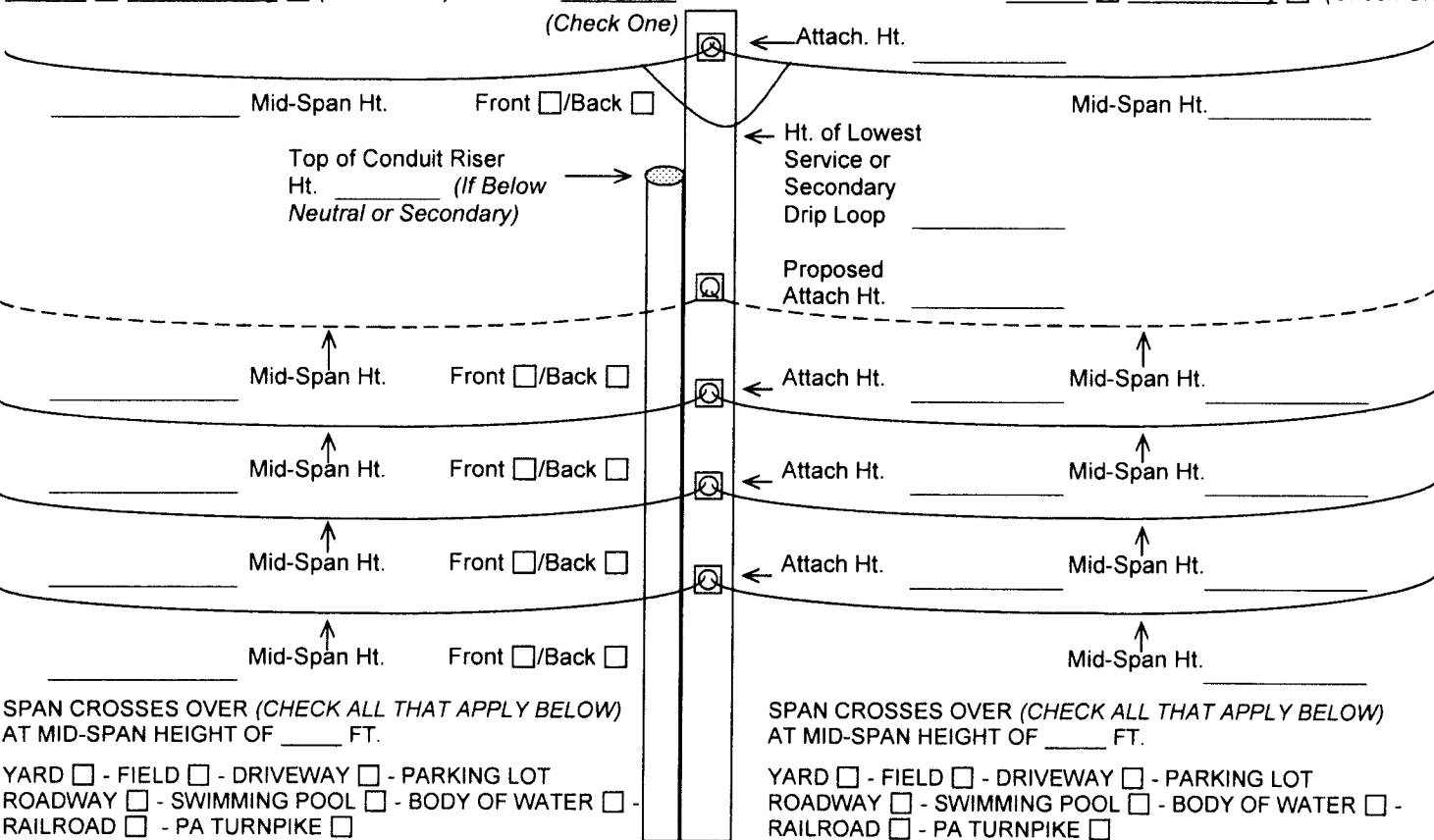
COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001784

Pole No. _____		Telco Pole No. _____	
Street Location _____		Name of Attacher _____	
City/Boro/Township _____		Date _____	
Attachment Type: Cable <input type="checkbox"/> Cabinet <input type="checkbox"/> Cabinet Size [w-d-h] _____		Vertical Clearance [Bottom Cabinet to Ground] _____	
Pole Size _____	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Height of Lowest Point of Street Light Bracket _____	Primary <input type="checkbox"/> Yes	Secondary <input type="checkbox"/> Yes
	Height of Lowest Point of Street Light Drip Loop _____		
<input type="checkbox"/> Guying will be required for angle, corner or tap pole construction			<input type="checkbox"/> Guying is not required

Lowest Neutral ☐ or Secondary ☐ (Check One) Pole Side* Lowest Neutral ☐ or Secondary ☐ (Check One)



Raise:	St. Lt. Brkt.	_____ In.	Lower:	_____ Cable _____ In.
	Neutral/Secondary	_____ In.		_____ Cable _____ In.
	Transformer/Device	_____ In.		_____ Cable _____ In.
	_____ Cable	_____ In.		_____ Other _____ In.
	_____ (Other)	_____ In.		_____ Other _____ In.

COMMENTS: _____

MAW001785

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
--	---	---

☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

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POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001787

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction

☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____	Mid-Span Ht. _____
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)	Proposed Attach Ht. _____	
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001788

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

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POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)	Proposed Attach Ht. _____	
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>		_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

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Pole No. _____		Telco Pole No. _____	
Street Location _____		Name of Attacher _____	
City/Boro/Township _____		Date _____	
Attachment Type: Cable <input type="checkbox"/> Cabinet <input type="checkbox"/> Cabinet Size [w-d-h] _____		Vertical Clearance [Bottom Cabinet to Ground] _____	
Pole Size _____	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Height of Lowest Point of Street Light Bracket _____	Primary <input type="checkbox"/> Yes	Secondary <input type="checkbox"/> Yes
	Height of Lowest Point of Street Light Drip Loop _____		
<input type="checkbox"/> Guying will be required for angle, corner or tap pole construction			<input type="checkbox"/> Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest ☐ **Neutral** ☐ **or Secondary** ☐ (Check One)

Pole Side* (Check One)

Lowest ☐ **Neutral** ☐ **or Secondary** ☐ (Check One)

Attach. Ht. _____

Mid-Span Ht. _____

Front ☐/Back ☐

Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)

Ht. of Lowest Service or Secondary Drip Loop _____

Proposed Attach Ht. _____

Mid-Span Ht. _____

Mid-Span Ht. _____

Front ☐/Back ☐

Mid-Span Ht. _____

Front ☐/Back ☐

Mid-Span Ht. _____

Front ☐/Back ☐

Mid-Span Ht. _____

Front ☐/Back ☐

Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF ____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF ____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In. Lower: _____ Cable _____ In.
 Neutral/Secondary _____ In. _____ Cable _____ In.
 Transformer/Device _____ In. _____ Cable _____ In.
 _____ Cable _____ In. _____ Other _____ In.
 _____ (Other) _____ In. _____ Other _____ In.

COMMENTS: _____

MAW001791

POLE ATTACHMENT DATA SHEET – CABLE/CABINET


Pole No. _____ Street Location _____ City/Boro/Township _____	Telco Pole No. _____ Name of Attacher _____ Date _____
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Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
--	---	---

☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____		Mid-Span Ht. _____
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
Mid-Span Ht. _____	Front <input type="checkbox"/> /Back <input type="checkbox"/>	Mid-Span Ht. _____
Mid-Span Ht. _____	Front <input type="checkbox"/> /Back <input type="checkbox"/>	Mid-Span Ht. _____
Mid-Span Ht. _____	Front <input type="checkbox"/> /Back <input type="checkbox"/>	Mid-Span Ht. _____
Mid-Span Ht. _____	Front <input type="checkbox"/> /Back <input type="checkbox"/>	Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In. Neutral/Secondary _____ In. Transformer/Device _____ In. _____ Cable _____ In. _____ (Other) _____ In.	Lower: _____ Cable _____ In. _____ Cable _____ In. _____ Cable _____ In. _____ Other _____ In. _____ Other _____ In.
---	--

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
--	---	---

☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

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POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
--	---	---

☐ Guying will be required for angle, corner or tap pole construction

☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____	Mid-Span Ht. _____
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)	Proposed Attach Ht. _____	
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001794

POLE ATTACHMENT DATA SHEET – CABLE/CABINET


Pole No. _____ Street Location _____ City/Boro/Township _____	Telco Pole No. _____ Name of Attacher _____ Date _____
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Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Mid-Span Ht. _____
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		Ht. of Lowest Service or Secondary Drip Loop _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Proposed Attach Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Attach Ht. _____ Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Attach Ht. _____ Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Attach Ht. _____ Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001795

Pole No. _____		Telco Pole No. _____	
Street Location _____		Name of Attacher _____	
City/Boro/Township _____		Date _____	
Attachment Type: Cable <input type="checkbox"/> Cabinet <input type="checkbox"/> Cabinet Size [w-d-h] _____		Vertical Clearance [Bottom Cabinet to Ground] _____	
Pole Size _____	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Height of Lowest Point of Street Light Bracket _____	Primary <input type="checkbox"/> Yes	Secondary <input type="checkbox"/> Yes
	Height of Lowest Point of Street Light Drip Loop _____		
<input type="checkbox"/> Guying will be required for angle, corner or tap pole construction			<input type="checkbox"/> Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest ☐ **Neutral** ☐ **or Secondary** ☐ (Check One)

Pole Side* (Check One)

Lowest ☐ **Neutral** ☐ **or Secondary** ☐ (Check One)

Mid-Span Ht. _____ Front ☐/Back ☐

Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)

Attach. Ht. _____

Ht. of Lowest Service or Secondary Drip Loop _____

Proposed Attach. Ht. _____

Mid-Span Ht. _____ Front ☐/Back ☐

Mid-Span Ht. _____ Front ☐/Back ☐

Mid-Span Ht. _____ Front ☐/Back ☐

Mid-Span Ht. _____ Front ☐/Back ☐

Mid-Span Ht. _____ Front ☐/Back ☐

Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF ____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF ____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In. Lower: _____ Cable _____ In.
 Neutral/Secondary _____ In. _____ Cable _____ In.
 Transformer/Device _____ In. _____ Cable _____ In.
 _____ Cable _____ In. _____ Other _____ In.
 _____ (Other) _____ In. _____ Other _____ In.

COMMENTS: _____

MAW001796

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>		_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001797

POLE ATTACHMENT DATA SHEET – CABLE/CABINET


Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Mid-Span Ht. _____
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		Ht. of Lowest Service or Secondary Drip Loop _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Proposed Attach Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Attach Ht. _____ Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Attach Ht. _____ Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Attach Ht. _____ Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001798

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)	Proposed Attach Ht. _____	
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001799

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____
Transformer/Device on Pole ☐ Yes ☐ No

Street Light ☐ Yes ☐ No
Height of Lowest Point of Street Light Bracket _____
Height of Lowest Point of Street Light Drip Loop _____

PPL Conduit Riser ☐ Yes ☐ No
Primary ☐ Yes Secondary ☐ Yes

☐ Guying will be required for angle, corner or tap pole construction


☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral ☐ or Secondary ☐ (Check One)

Pole Side*
(Check One)

Lowest Neutral ☐ or Secondary ☐ (Check One)

<p>Mid-Span Ht. _____ Front <input type="checkbox"/>/Back <input type="checkbox"/></p> <p>Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)</p> <p>Mid-Span Ht. _____ Front <input type="checkbox"/>/Back <input type="checkbox"/></p> <p>Mid-Span Ht. _____ Front <input type="checkbox"/>/Back <input type="checkbox"/></p> <p>Mid-Span Ht. _____ Front <input type="checkbox"/>/Back <input type="checkbox"/></p> <p>Mid-Span Ht. _____ Front <input type="checkbox"/>/Back <input type="checkbox"/></p>		<p>Attach. Ht. _____</p> <p>Ht. of Lowest Service or Secondary Drip Loop _____</p> <p>Proposed Attach Ht. _____</p> <p>Attach Ht. _____</p> <p>Attach Ht. _____</p> <p>Attach Ht. _____</p> <p>Mid-Span Ht. _____</p>
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SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT
ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT
ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001801

POLE ATTACHMENT DATA SHEET – CABLE/CABINET


Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Mid-Span Ht. _____
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		Ht. of Lowest Service or Secondary Drip Loop _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Proposed Attach Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Attach Ht. _____ Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Attach Ht. _____ Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Attach Ht. _____ Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____		Telco Pole No. _____	
Street Location _____		Name of Attacher _____	
City/Boro/Township _____		Date _____	
Attachment Type: Cable <input type="checkbox"/> Cabinet <input type="checkbox"/> Cabinet Size [w-d-h] _____		Vertical Clearance [Bottom Cabinet to Ground] _____	
Pole Size _____	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Height of Lowest Point of Street Light Bracket _____	Primary <input type="checkbox"/> Yes	Secondary <input type="checkbox"/> Yes
	Height of Lowest Point of Street Light Drip Loop _____		
<input type="checkbox"/> Guying will be required for angle, corner or tap pole construction		<input type="checkbox"/> Guying is not required	

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____	Attach. Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Ht. of Lowest Service or Secondary Drip Loop _____	
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)	Proposed Attach Ht. _____	
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>		

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001803

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____	Attach. Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Ht. of Lowest Service or Secondary Drip Loop _____	Mid-Span Ht. _____
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)	Proposed Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001804

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____	Attach. Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Ht. of Lowest Service or Secondary Drip Loop _____	
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)	Proposed Attach Ht. _____	
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____		Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>		

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001805

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____	Attach. Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Ht. of Lowest Service or Secondary Drip Loop _____	Mid-Span Ht. _____
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)	Proposed Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____	Attach Ht. _____	Mid-Span Ht. _____
Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

POLE ATTACHMENT DATA SHEET – CABLE/CABINET


Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/> Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/> _____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/> _____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/> _____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Proposed Attach Ht. _____ _____ Attach Ht. _____ _____ Attach Ht. _____ _____ Attach Ht. _____	_____ Mid-Span Ht. _____ Mid-Span Ht. _____ Mid-Span Ht. _____ Mid-Span Ht.
SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT. YARD <input type="checkbox"/> - FIELD <input type="checkbox"/> - DRIVEWAY <input type="checkbox"/> - PARKING LOT ROADWAY <input type="checkbox"/> - SWIMMING POOL <input type="checkbox"/> - BODY OF WATER <input type="checkbox"/> - RAILROAD <input type="checkbox"/> - PA TURNPIKE <input type="checkbox"/>		SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT. YARD <input type="checkbox"/> - FIELD <input type="checkbox"/> - DRIVEWAY <input type="checkbox"/> - PARKING LOT ROADWAY <input type="checkbox"/> - SWIMMING POOL <input type="checkbox"/> - BODY OF WATER <input type="checkbox"/> - RAILROAD <input type="checkbox"/> - PA TURNPIKE <input type="checkbox"/>

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001808

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	_____ Mid-Span Ht.
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.
_____ Mid-Span Ht. Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	_____ Mid-Span Ht.

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT ☐
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

POLE ATTACHMENT DATA SHEET – CABLE/CABINET


Pole No. _____ Street Location _____ City/Boro/Township _____	Telco Pole No. _____ Name of Attacher _____ Date _____
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Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
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☐ Guying will be required for angle, corner or tap pole construction ☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Mid-Span Ht. _____
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>		Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT

ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ - RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

POLE ATTACHMENT DATA SHEET – CABLE/CABINET

Pole No. _____	Telco Pole No. _____
Street Location _____	Name of Attacher _____
City/Boro/Township _____	Date _____

Attachment Type: Cable ☐ Cabinet ☐ Cabinet Size [w-d-h] _____ Vertical Clearance [Bottom Cabinet to Ground] _____

Pole Size _____ Transformer/Device on Pole <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Light <input type="checkbox"/> Yes <input type="checkbox"/> No Height of Lowest Point of Street Light Bracket _____ Height of Lowest Point of Street Light Drip Loop _____	PPL Conduit Riser <input type="checkbox"/> Yes <input type="checkbox"/> No Primary <input type="checkbox"/> Yes Secondary <input type="checkbox"/> Yes
--	---	---

☐ Guying will be required for angle, corner or tap pole construction

☐ Guying is not required

NOTE: *ALL HEIGHTS ARE ABOVE GROUND LEVEL

Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)	Pole Side* (Check One)	Lowest Neutral <input type="checkbox"/> or Secondary <input type="checkbox"/> (Check One)
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach. Ht. _____ Ht. of Lowest Service or Secondary Drip Loop _____ Proposed Attach Ht. _____	Mid-Span Ht. _____
Top of Conduit Riser Ht. _____ (If Below Neutral or Secondary)		
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____
Mid-Span Ht. _____ Front <input type="checkbox"/> /Back <input type="checkbox"/>	Attach Ht. _____	Mid-Span Ht. _____

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

SPAN CROSSES OVER (CHECK ALL THAT APPLY BELOW) AT MID-SPAN HEIGHT OF _____ FT.

YARD ☐ - FIELD ☐ - DRIVEWAY ☐ - PARKING LOT
 ROADWAY ☐ - SWIMMING POOL ☐ - BODY OF WATER ☐ -
 RAILROAD ☐ - PA TURNPIKE ☐

Make Ready Work Required: ☐ Yes / Add'l. Pole Height Required: ☐ Yes

Raise: St. Lt. Brkt. _____ In.	Lower: _____ Cable _____ In.
Neutral/Secondary _____ In.	_____ Cable _____ In.
Transformer/Device _____ In.	_____ Cable _____ In.
_____ Cable _____ In.	_____ Other _____ In.
_____ (Other) _____ In.	_____ Other _____ In.

COMMENTS: _____

*Front pole side refers to roadside or side PPL pole number is on.

MAW001811